

**PERMISSION TO PARTICIPATE IN FIELD TRIP AND
MEDICAL INFORMATION AND TREATMENT AUTHORIZATION**

To: School District of the City of Royal Oak

Student Name: _____ Date of Birth _____
Student Social Security No. _____
Address _____
Parent/Guardian Name _____
Phone: (Home) _____ (Office): _____
Other Emergency Contact: _____

This student has my permission to participate in a Field Trip to:

_____ on the dates of _____ through _____. Please return this form to the School one week prior to the field trip.

Dated: _____
Parent/Guardian Signature _____

The student **(does / does not)** require any special medicine. If applicable, please note the following and provide such additional information as may be required by the School.

Any required medicine brought must be plainly labeled with the student's name. Prescription medicine must be labeled with the student's name, doctor's name and phone, and clear instructions. Any other orders must be signed by a doctor.

Please put medical insurance card information here! →

Name of Medical Insurance Company _____

Can the student take aspirin, if necessary? Yes / No

Identify any medicine to be taken by the student while on the field trip. Please provide all the information required, above.

Is the student allergic to any medicine? Identify:

Any allergies (bee stings, foods, etc.), please list here:

Any food restrictions, please list here:

Any restrictions on activities, please list here:

Any additional comments or information that would be helpful to staff, please list here:

To any school administrator, teacher, or designated school employee:

You are hereby authorized to administer medication to the student in accordance with the instructions of the physician.

To any doctor, nurse, hospital, or emergency medical personnel:

In the event of a medical emergency, I hereby authorize and doctor, nurse, hospital, or emergency medical personnel to administer any and all medical treatment which shall be necessary or appropriate.

Dated: _____ Signature: _____